

## SECRETARY OF STATE CORPORATIONS DIV

## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL <u>7-1,2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

T	<del></del>			
1. The name of the corporation is:	PLTD			
Is this a close corporation pursuant to R	RIGL <u>7-1.2-1701</u> of the General Laws,	1956, as amended? X Yes No		
2. The total number of shares which the corporation has the authority to issue is (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)				
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share		
1000	COMMON			
	<del>-</del>	·		
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.  State any provisions here (optional).  Check the box to indicate an attachment				
The name and address of the initial registered agent/office in Rhode Island is:				
Agent Name JUTTU PAC	QUETTE			
173	WATUTCHAN AU	IÉ		
City/Town LAST. PROU	State RHODE ISL	AND Zip Code		
4. The corporation has the purpose of enga or terminated in accordance with RIGL 7-1;	iging in any lawful business, and shall 2.	have perpetual existence until dissolved		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED MP

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FORM 100 - Revised: 11/2017

5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:			
	~		
	Check the I	box to indicate an attachment	
6. The name and address of each incorporator is:			
Name JEHRLY PARKITE	Address 173 WA	TERMAN ALE	
City/Town EAST PROU	State R.J.	Zip Code 02914	
Name	Address		
City/Town	State	Zip Code	
Name	Address	<u> </u>	
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation will be effective: CHECK ONE ONLY BOX			
Date received (Upon filing) Later effective date (Date must be no more than 90 da	ays from the date of filing)		
Under penalty of perjury, I/we declare and affirm that I/we haccompanying attachments, and that all statements contain	nave examined these Articles of med herein are true and correct.	Incorporation, including any	
Type or Print Name of Incorporator		Date	
JEFFREY PAQUETTE		5.22.18	
Signature of Incorporator SIGN DOCUMENT HERE			
Type or Prin Name of Incorporator		Date	
Signature of Incorporator		<u> </u>	
-	CUMENT HERE		
Type or Print Name of Incorporator		Date	
Signature of Incorporator SIGN DOC	CUMENT HERE		